

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**09/622089**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		# IND.	# DEP.	# IND.	# DEP.	# IND.	# DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/	/	/	/			51					
2	/	/	/	/			52					
3	/	/	/	/			53					
4	/	/	/	/			54					
5	/	/	/	/			55					
6	/	/	/	/			56					
7	/	/	/	/			57					
8	/	/	/	/			58					
9	/	/	/	/			59					
10	/	/	/	/			60					
11	/	/	/	/			61					
12	/	/	/	/			62					
13	/	/	/	/			63					
14	/	/	/	/			64					
15							65					
16							66					
17							67					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	/	/	/	/								
TOTAL DEP.	/	/	/	/								
TOTAL CLAIMS	18	18	18	18								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS